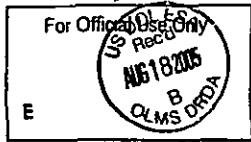


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9724</u>	2 Fiscal Year Covered From <u>01/01/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>Ronald</u> <u>Hansing</u> P O Box Bldg Room No If any _____ Street <u>765 Munshaw Lane</u> City <u>Crystal Lake</u> State <u>IL</u> ZIP Code + 4 <u>60014</u>	4 Name file number and address of labor organization Name <u>IBEW LU #117</u> Labor Organization File Number <u>047-008</u> P O Box Building and Room Number If any _____ Street <u>765 Munshaw Lane</u> City <u>Crystal Lake</u> State <u>IL</u> ZIP Code + 4 <u>60014</u>
5 Position in labor organization <u>Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name If any) Name _____ Trade Name If any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Ronald W Hansing</u>	On <u>8/10/05</u> Date	<u>847-426-8823</u> Telephone Number

Name of Person Filing <u>Ronald Hansing</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>IBEW Local #117 JATC</u> Trade Name if any <u>Apprenticeship Training School</u> P O Box Bldg Room No If any _____ Street <u>765 Munshaw Lane</u> City <u>Crystal Lake</u> State <u>IL</u> ZIP Code + 4 <u>60014</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ <p style="text-align: center;">See attachment, page 3</p>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <u>Trains electrical apprentices</u> </div> 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received <u>Training Director employed by JATC</u> <u>Salary \$102,925 Benefits \$36,024</u> <u>Midwest Elect Taining Directors</u> <u>Conference \$805 16, National VDV</u> <u>Conference \$693 92, Apprentice</u> <u>Graduation Dinner \$32 00, JATC</u> <u>Golf Outing \$110 00</u> 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div>
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment _____

Name of Person Filing

Ronald Hansing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Amalgamated Bank of Chicago

Trade Name if any _____

P O Box Bldg Room No if any _____

Street One West MonroeCity ChicagoState IL ZIP Code + 4 60603

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IBEW LU #117 Pension Fund

Trade Name if any _____

P O Box Bldg Room No if any _____

Street 6525 Centurion Dr.City LansingState MI ZIP Code + 4 48917

11 a Nature of such dealing

Trust Fund Custodial

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Springfield Dinner\$65 00

12 b Amount

\$ 65 00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment.

13 b Is the Business an Employer

or Consultant ☐ ?

14 b Amount of payment